

TCADA Research Brief

**Substance Abuse Trends in Texas:
December 1998**



Texas Commission on
Alcohol and Drug Abuse

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Substance Abuse Trends in Texas: December 1998

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Overview

Crack cocaine continues as the primary illicit drug for which adult clients are admitted to publicly-funded treatment, but the proportion of African American crack admissions is declining. More and more reports are being received about the use of crack by Hispanics and by Anglos. Overdose deaths due to cocaine increased sharply between 1995 and 1997, and Drug Abuse Warning Network (DAWN) emergency room mentions are up, which underscores the continuing and, perhaps, increasing role of cocaine as a leading drug of abuse. There are some indications that the price of cocaine is increasing in some areas.

Heroin overdose deaths have increased annually, but the average age of the decedents continues to increase, even though a number of young persons in the Dallas-Ft. Worth (DFW) area have died from heroin. DAWN emergency room mentions of heroin continue to increase. Heroin addicts entering publicly-funded treatment are primarily injectors. The price and purity of Mexican heroin remains stable.

Codeine cough syrup is growing in popularity both among adults who are polydrug abusers and youth who are primarily abusers of codeine cough syrup.

The proportion of youth admitted to publicly-funded treatment reporting marijuana as the primary drug problem continues to increase, as does the percent of adults and adolescents testing positive for marijuana at arrest. DAWN emergency room mentions of marijuana are also increasing. The availability is high and the price is lower. The 1998 Texas Secondary School Survey found a continuous rise in lifetime use of marijuana but some decrease in current use by younger students. Use of blunt cigars, hollowed-out cigars filled with marijuana, was reported primarily by African American students.

Amphetamine and methamphetamine admissions to publicly-funded treatment are still low, although methamphetamine availability and the number of small, clandestine labs is increasing. Diversion of ephedrine and

pseudoephedrine remains a problem.

Depressants are a growing problem because of their importation from Mexico, with Rivotril being substituted for Rohypnol. Rohypnol treatment admissions to TCADA-funded programs are increasing, and Xanax continues to be abused by heroin addicts. GHB overdoses, some with life-threatening symptoms, continue to be reported. LSD and Ecstasy remain available.

Inhalant use is increasing among youth, according to the 1998 Texas Secondary School Survey. An analysis of inhalant overdose death data shows that freon was the inhalant most likely to be involved, and the decedents were Anglo males in their late twenties.

AIDS cases among females and African Americans continue to reflect the correlation between drugs and HIV infection in these populations. The proportion of needle users entering treatment continues to decline.

Area Description

The population of Texas (19,307,387) is distributed among 28 metropolitan statistical areas and 254 counties. The ethnic/racial composition of Texas is 56 percent Anglo, 29 percent Hispanic, 12 percent African American, and 3 percent other. Illicit drugs continue to enter from Mexico through cities such as El Paso, Laredo, McAllen, and Brownsville, as well as small cities and towns along the Texas-

Mexico border. A major problem is that Mexican pharmacies sell many controlled substances to US citizens who declare these drugs and then legally bring up to a 90-day supply into the state. Seaports are used to import heroin, cocaine, and hashish via commercial cargo vessels, and the international airports in Houston and Dallas-Fort Worth are major ports for the distribution of drugs in and out of

the state. Interstate highways provide not only a means of moving drugs from Mexico to the north, but also for transporting drugs from the west to the east. Real estate, money exchange houses, and banks are used to launder drug proceeds, and drug profits are smuggled out of the US through the same Texas ports.

Data Sources and Time Periods

Data were obtained from the following sources:

- **Ethnographic information and data on drug prices, purity, trafficking, distribution, and supply.** This information was provided by reports from members of the Texas Epidemiology Work Group (TEWG). The Work Group includes representatives from the Drug Enforcement Administration, Texas Department of Health, Texas Department of Public Safety, chemical dependency treatment providers, outreach workers, researchers, and medical examiners.
- **Treatment data.** The Texas Commission on Alcohol and Drug Abuse's (TCADA) Client Oriented Data Acquisition Process (CODAP) provided data on clients at admission to chemical dependency treatment in public facilities from first

quarter of 1983 through September, 1998.

- **Overdose death data and emergency room mentions.** Data on drug overdose deaths came from death certificates from the Bureau of Vital Statistics, Texas Department of Health. Mentions of drugs in the Dallas area emergency rooms came from the Drug Abuse Warning Network (DAWN).
- **Drug use by arrestees.** The Arrestee Drug Abuse Monitoring Program/Drug Use Forecasting (ADAM/DUF) System of the National Institute of Justice provided information for 1991 through the second quarter of 1998 for Dallas, Houston, and San Antonio for arrestees who were interviewed and tested for the presence of various drugs.
- **Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) data.** The Texas Department of

Health's *Texas AIDS Cases: Surveillance Report* provided cumulative and year-to-date data for the period ending September 30, 1998.

- **Special Reports.** These include the *1998 Texas Survey of Substance Use Among Students: Grades 7-12* by Liang Lu and Jane Maxwell (in press), the *1996 Survey of Substance Use on the Texas-Mexico Border and in Colonias* by Lynn Wallisch (1998), and "Fry:" *A Study of Adolescents' Use of Embalming Fluid with Marijuana and Tobacco* by William Elwood (1998). More information on these and other TCADA research reports is available at www.tcada.state.tx.us. The *1988-1997 Texas Survey of Childbearing Women* was published by the Bureau of HIV and STD Prevention, Texas Department of Health.

Cocaine and Crack

There was a marked increase in the number of persons dying of cocaine (alone or in combination with other drugs) from 1995 to 1997, as Figure 1 shows. Between 1992 and 1997, of those persons dying from a cocaine overdose, 46 percent were Anglo, 32 percent were African American, and 21 percent were Hispanic. Some 78 percent were male. The average age was 35.9 years.

Emergency room mentions of cocaine in the Dallas DAWN data show an increase in the number of mentions in first half of 1997, with a large increase in the number of mentions by persons aged 18-25 (Table 1).

Cocaine, both crack and powder forms, comprises 34 percent of all adult admissions to TCADA-funded treatment programs. It is the number two substance abuse problem, after alcohol, which comprises 36 percent of all adult admissions. See Appendix 2 for information on the characteristics of all adult clients.

Crack cocaine is the primary illicit drug of abuse for adult clients admitted to publicly-funded treatment programs throughout Texas, although it has dropped from 28 percent of all adult admissions in 1993 to 25 percent for 1998. Abusers of powder cocaine comprise 9 percent of admissions to publicly-funded treatment; they are younger than crack abusers (31 years as compared to 34 years), and more likely to be male (66 percent as compared to 53 percent) and Anglo (55 percent as compared to 35 percent). As Table 2 shows, of

the users of powder cocaine, half prefer to inject the drug, while the other half prefer to snort it. Note that those who inhale are the youngest, the most likely to be male, the most likely to be Hispanic, and the most likely to be employed.

Between 1997 and 1998, the most noticeable difference in terms of client characteristics is that the percent of crack smokers who are African American has dropped from 59 percent to 55 percent. The term "lag" refers to the period from first consistent or regular use of

Figure 1. Race/Ethnicity and Average Age of Persons Dying from a Cocaine Overdose in Texas: 1992-1997

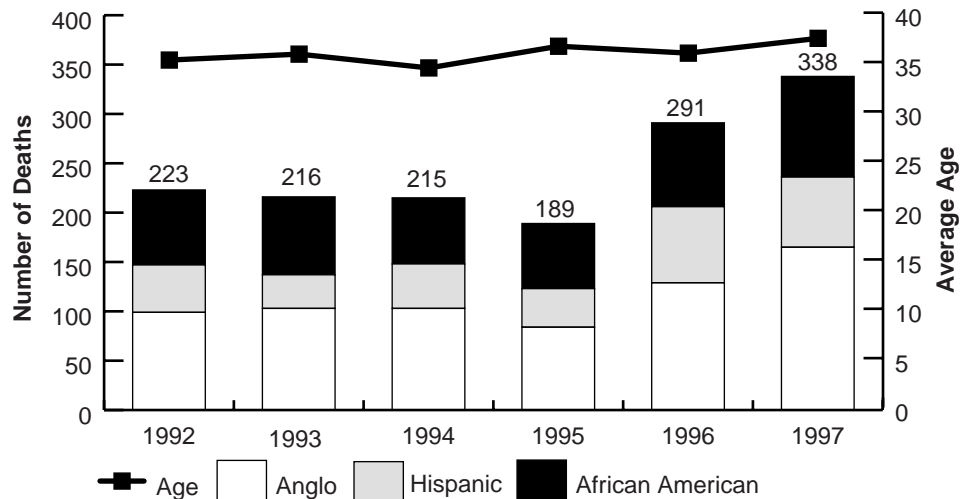


Table 1. Dallas DAWN Emergency Room Mentions of Cocaine Per 100,000 Population by Age and Gender: Second Half 1991-First Half 1997

	Jul-Dec 1991	Jan-Jun 1992	Jul-Dec 1992	Jan-Jun 1993	Jul-Dec 1993	Jan-Jun 1994	Jul-Dec 1994	Jan-Jun 1995	Jul-Dec 1995	Jan-Jun 1996	Jul-Dec 1996	Jan-Jun 1997
All	30.2	25.5	27.4	29.1	28.5	29.6	31.2	31.9	29.7	28.9	29.3	32.0
Age 6-34	41.6	34.7	35.4	36.6	36.9	39.1	41.7	38.3	36.4	34.4	37.4	41.2
Age 12-17	12.0	11.8	..	13.4	7.8	6.7	11.5	11.0	9.6	16.5	18.5	16.6
Age 18-25	57.3	53.0	53.3	52.2	57.3	41.1	58.4	53.9	51.6	38.1	54.0	67.4
Age 26-34	64.7	50.5	55.7	55.9	56.5	73.1	67.5	62.1	59.8	59.9	57.1	59.4
Age 35+	16.7	14.9	18.0	20.1	19.2	19.0	19.7	24.9	22.1	22.8	20.4	22.4
Male	39.8	33.6	35.5	37.2	35.3	35.1	39.0	39.2	40.1	37.5	40.3	42.7
Female	21.2	17.7	19.6	21.0	22.1	24.1	23.7	24.8	19.2	20.4	18.4	21.6

cocaine to date of admission to treatment.

Powder cocaine was the primary drug of abuse for 7 percent of youths entering publicly-funded treatment during the first nine months of 1998 (Appendix 3), up from 4 percent in 1995. Crack cocaine accounted for less than 2 percent of youth admissions.

The proportion of arrestees testing positive for cocaine has decreased from the peak periods in the early 1990s (see Table 3). However, cocaine continues to be the drug for which more adult female arrestees test positive in ADAM/DUF.

DEA reports that cocaine is readily available at the wholesale and retail levels, and this is due to the proximity with the Mexico border (Figure 2). Compared with prices at the end of 1997, the price of powder cocaine in the Houston area has remained level (\$10,000-\$22,000 for a kilogram), while in the North Texas region, the price is higher. In North Texas, a kilogram costs between \$13,000 and \$21,000, as compared to between \$12,500 and \$15,000 a year ago. The statewide price of powder cocaine in 1998 is \$500-\$1,300 per ounce and \$90-\$275 per gram (40 percent purity), as compared to \$500-\$1,200 per ounce and \$20-\$100 per gram in 1997. Crack is reported to be very abundant in the Lubbock and Galveston areas. In the Houston area, price is stable and availability is high. Crack trafficking is reported to be increasing in San Antonio. Unlike powder cocaine, the price of crack has remained level since last year, at

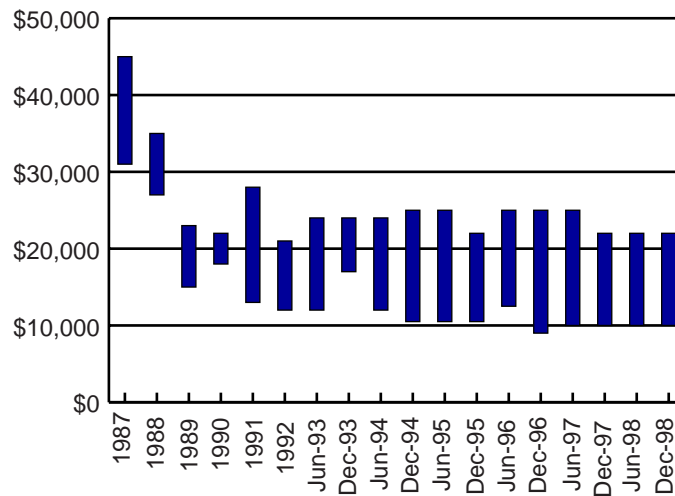
Table 2. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: Jan.-Sept. 1998

	Crack Cocaine Smoke	Powder Cocaine Needle	Powder Cocaine Inhale
No. of Admissions	5,644	950	1,087
% of Cocaine Admits	73%	12%	14%
Average Age	34	32	29
Lag-1st Use to Tmt.-Yrs	8	11	8
% Male	53%	64%	68%
% African American	55%	5%	10%
% Anglo	34%	72%	43%
% Hispanic	10%	23%	46%
% CJ/Legal Involved	38%	42%	48%
% Employed	18%	20%	37%
% Homeless	12%	11%	3%
Average Income	\$6,283	\$8,500	\$8,930

Table 3. Arrestees Testing Positive for Cocaine: 1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	43%	41%	45%	35%	31%	32%	32%	29%
Houston Males	56%	41%	41%	28%	40%	39%	39%	35%
San Antonio Males	29%	31%	31%	31%	24%	28%	26%	29%
San Antonio Male Juv.	-	-	6%	9%	6%	9%	15%	11%
Dallas Females	46%	48%	43%	46%	44%	36%	34%	30%
Houston Females	51%	44%	43%	36%	32%	34%	29%	45%
San Antonio Females	24%	25%	24%	23%	23%	23%	18%	19%
San Antonio Female Juv.	-	-	5%	6%	4%	11%	6%	5%

Figure 2. Price of a Kilogram of Cocaine in Texas as reported by the DEA: 1987-1998



\$500-\$1,100 per ounce, \$18,000-\$19,500 per kilogram, and \$10-\$50 per rock.

In Austin, a \$20 crack rock is dissolved with 60 units of lemon

juice or vinegar and injected. There is a large increase in crack users among Hispanics, particularly women, as well as continuing use by older African Americans in their

50s and 60s. Street outreach workers also report that a new generation of young African American crack addicts is emerging. These addicts are reported to be sharing needles, dually diagnosed with mental problems (meaning having both problems with substance abuse/dependence and mental illness), and needing treatment for abscesses, burns on their mouths and hands, and dry coughs from the brillo pad residue which gets into their lungs while smoking crack. There are reports that cocaine is being cut or combined with rat poison, and Oragel, a non-prescription topical, local anesthetic used for toothaches, which is spread on samples of rocks to improve the quality when “tasted.”

In San Antonio, there is an ample supply of good quality cocaine and heroin dealers are now also selling cocaine. Prices are stable at \$10 for a *daima* (dimebag), \$20 for a *viente*, \$150-\$180 for an *ocho* (1/8-ounce), \$500-\$750 for a *medio onza* (1/2-ounce), and \$1,000-\$1,400 for an *onza* or ounce. There are reports of “Chasing the Dragon” with cocaine, where the cocaine is placed on top of baking soda on foil and smoked.

In Lubbock, Hispanics, especially females, are reported to be using crack. Use of powder cocaine continues, either by snorting or injecting.

In Houston, crack “wholesale packs” cost \$95. A “wholesale pack” is 10 to 15 rocks which are purchased all at once. Rock sizes vary by neighborhood, dealer, and strength of an acquaintance with

the dealer. “Shake” sells for \$50-\$60 per bag. “Shake” is short for “shakedown,” which is the bits left on the table or board after the work of cooking, shaving, cutting, and selling crack rocks. Purity of “shake” is poor at about 15 percent. An important change is that now Anglo and Hispanic males from their teens to their 40s are not only smoking crack, but also are naming it as their drug of choice. Some are, however, complaining that the heat from the crack pipes is damaging their dental work such as porcelain

veneers and bridgework.

The 1996 Texas Border Survey, an in-person survey of adults, found that lifetime use of cocaine was 10.3 percent and past-year use was 2.7 percent. Lifetime use of crack was 3.4 percent and 1.8 percent within the past year. The usage patterns varied along the Border, with residents of El Paso reporting lifetime use of powder cocaine at 14 percent and past-year use at 3.1 percent, while residents of Laredo reported 3.8 percent lifetime use and 0.7 percent past-

Figure 3. Prevalence of Cocaine/Crack Use Among Texas Secondary Students: 1988-1998

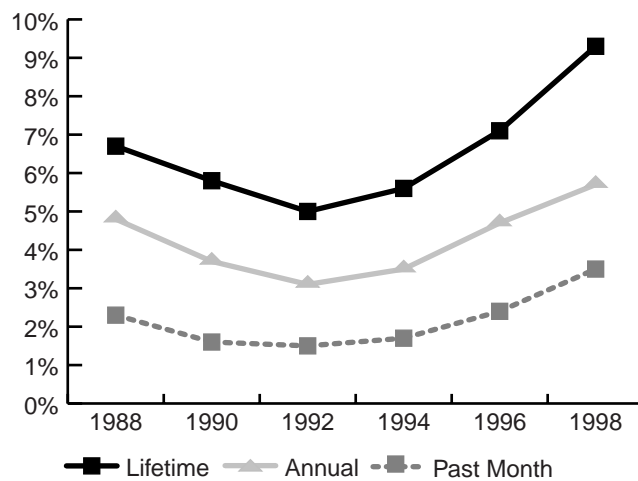
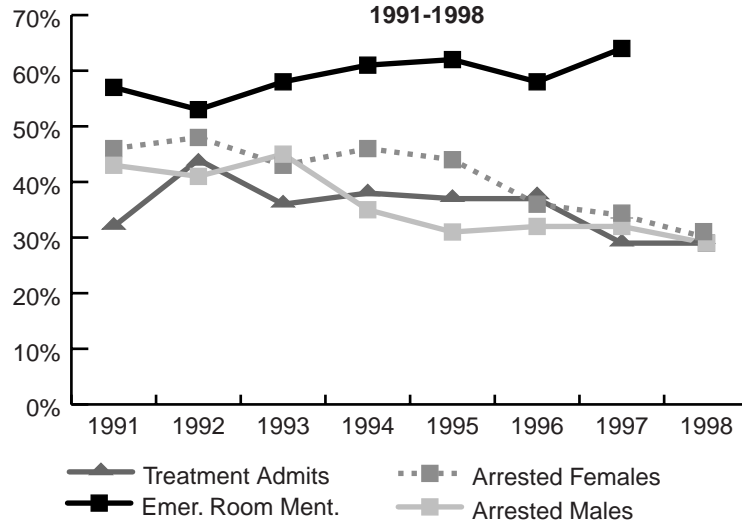


Figure 4. Dallas Cocaine Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1998



year use. Residents of Brownsville reported 7.2 percent lifetime use and 1.1 percent past-year use, and residents of the colonias in the Lower Rio Grande Valley (Cameron and Hidalgo Counties) reported 8.5 percent lifetime and 1.6 percent past-year use.

The 1998 Texas Secondary School Survey found lifetime and past-month use of powder cocaine and/or crack was higher than at any

time since the survey began in 1988 (Figure 3).

In Dallas, indicators of cocaine abuse are mixed. Figure 4 shows the trends for cocaine use as reported by ADAM/DUF arrest data, DAWN emergency room mentions, and publicly-funded treatment admissions. As this exhibit shows, emergency room mentions of cocaine are increasing, while arrest and treatment trends

are decreasing. Since DAWN and ADAM/DUF do not differentiate between powder cocaine use and crack cocaine use, there is no way to tell if the decreases are due to less crack use or increasing powder cocaine use. The treatment data show no change in the proportion of cocaine and crack admissions over the past three years.

Heroin

The number of deaths due to heroin overdose continues to increase, as Figure 5 shows. In the period between 1992 and 1997, 54 percent of the persons dying from heroin (either heroin only or in combination with other drugs) were Anglo, 34 percent were Hispanic, and 13 percent were African American, with the proportion of decedents who were Anglo increasing over the years. In terms of gender, between 1992 and 1997, 81 percent of the decedents have been male and 19 percent

female; the average age is 38 years. While there has been attention

drawn to the nine young persons from Collin County (average age

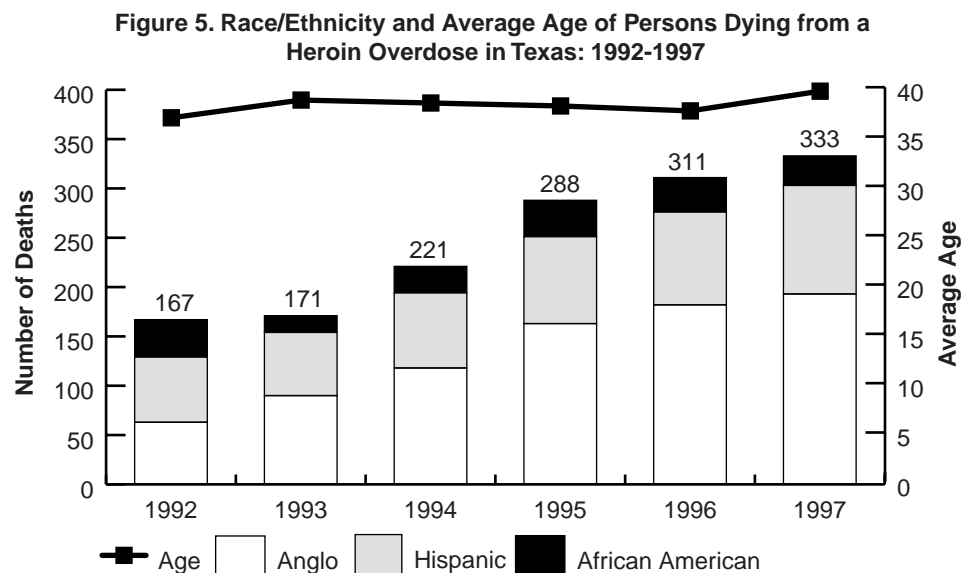


Table 4. Dallas DAWN Emergency Room Mentions of Heroin Per 100,000 Population by Age and Gender: Second Half 1991-First Half 1997

	Jul-Dec 1991	Jan-Jun 1992	Jul-Dec 1992	Jan-Jun 1993	Jul-Dec 1993	Jan-Jun 1994	Jul-Dec 1994	Jan-Jun 1995	Jul-Dec 1995	Jan-Jun 1996	Jul-Dec 1996	Jan-Jun 1997
All	5.4	5.9	6.1	6.2	6.5	4.6	5.4	6.3	5.4	6.8	7.7	10.0
Age 6-34	4.5	6.5	5.6	4.2	5.4	4.4	4.4	5.5	5.1	7.4	8.8	12.4
Age 12-17	..	..	..	..	..	..	..	..	..	5.2	4.7	..
Age 18-25	..	4.8	7.2	4.1	8.6	6.8	7.5	8.2	8.3	11.8	20.1	25.3
Age 26-34	9.3	13.2	9.8	7.6	8.3	7.2	5.8	9.3	7.2	9.2	8.6	12.9
Age 35+	6.5	5.2	6.7	8.4	7.6	4.9	6.6	7.1	5.8	6.1	6.3	7.5
Male	7.4	8.5	9.6	7.9	8.8	6.8	7.6	8.8	7.2	9.0	10.8	16.1
Female	3.5	3.0	2.8	4.6	4.2	2.4	3.2	3.9	3.8	4.8	4.6	4.0

of 22) who died of heroin overdoses; statewide, the average age of heroin overdoses is increasing. In 1997, it was 39.6 years.

Emergency room mentions of heroin have continued to increase over the years, with increases most apparent among those aged 18-25 and among males (Table 4). However, unlike 1996, heroin emergency room mentions by teenagers were not reported in the first half of 1997.

Heroin ranks third after alcohol and crack cocaine in the number of adult clients admitted to substance abuse treatment programs funded by TCADA (Appendices 1 and 2). Heroin admissions comprised 13 percent of all admissions for the first nine months of 1998 as compared to 9 percent in 1993. The characteristics of these addicts vary depending on the route of administration, as Table 5 shows. The most noticeable change between 1997 and 1998 is that the proportion of inhalers who are males has risen from 51 percent to 61 percent.

Most heroin addicts entering publicly-funded treatment inject heroin. The term “lag” refers to the period from first consistent or regular use of heroin to date of admission to treatment. While the number of individuals who inhale heroin is small, it is significant to note that the lag period in seeking treatment is nine rather than fourteen years for injectors. This shorter lag period means that contrary to street rumors that “sniffing or inhaling is not addictive,” inhalers will need treatment much more quickly than needle users.

Table 5. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin by Route of Administration: Jan.-Sept. 1998

	Injectors	Inhalers
No. of Admissions	2,826	216
% of Heroin Admits	93%	7%
Average Age	36	31
Lag-1st Use to Tmt.-Yrs	14	9
% Male	65%	61%
% African American	10%	36%
% Anglo	46%	35%
% Hispanic	43%	27%
% CJ/Legal Involved	36%	38%
% Employed	18%	25%
% Homeless	9%	4%
Average Income	\$6,014	\$6,784

Table 6. Arrestees Testing Positive for Opiates: 1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	4%	4%	5%	3%	5%	5%	4%	3%
Houston Males	3%	3%	2%	3%	5%	8%	10%	7%
San Antonio Males	15%	14%	14%	13%	10%	10%	10%	10%
San Antonio Male Juv.	-	-	1%	1%	0%	4%	3%	2%
Dallas Females	9%	9%	11%	8%	5%	10%	4%	5%
Houston Females	4%	4%	5%	6%	3%	4%	5%	7%
San Antonio Females	20%	13%	15%	14%	13%	13%	9%	9%
San Antonio Female Juv.	-	-	0%	1%	1%	2%	1%	0%

Only 2 percent of all adolescents admitted to TCADA-funded treatment programs reported a primary problem of opiates.

According to data collected by the ADAM/DUF program, the results of arrestees testing positive for opiates between 1991 and 1998 have remained mixed (Table 6).

The predominant form of heroin in Texas is Black Tar; some Mexican brown is also available. Southeast Asian, Southwest Asian, and Colombian heroin is transshipped through Texas with little spillage; most of it is destined for the Northeast.

The price of Black Tar heroin has decreased over the past eleven years, according to DEA statewide reports. Currently, Black Tar heroin sells on the street for \$150-\$400

per gram; \$800-\$5,000 per ounce, and \$50,000-\$95,000 per kilogram at 44-80 percent purity. Mexican brown costs \$2,000-\$2,500 per ounce and \$150-\$300 per gram. Southeast Asian heroin costs \$125,000-\$150,000 per kilogram, Colombian costs \$50,000-\$95,000 per kilogram (30-80 percent pure), and Southwest Asian costs \$85,000 per kilogram (Figure 6).

The Domestic Monitor Program reports that heroin in Dallas in 1998 sold for an average of \$1.10 per milligram pure, as compared to \$4.16 per milligram pure in 1997, and in Houston, in 1998 it sold for \$1.11 per milligram pure, as compared to \$2.20 per milligram pure in 1997. The Mexican heroin in Dallas averaged 11.7 percent pure in 1998 and 12.9

percent pure in 1997. In Houston, it was 38 percent pure in 1998 and 17.6 percent pure in 1997.

In San Antonio, the heroin is Mexican brown and there is an ample supply. Black Tar is available about every four months. A dime bag (*daime*) sells for \$10, and an ounce sells for \$1,100-\$1,400. Shebanging (squirting a mixture of heroin and water in the nose with a nosedropper or syringe) and smoking are more likely to be done by teenagers and young adults. Smoking heroin has not caught on because Tecatos, Hispanic heroin addicts, see it as a waste of heroin.

In Austin, heroin is reported to be good quality.

In Lubbock, Black Tar is available. One recent shipment was so strong that the dealers had to “step on it” or dilute it twice to get its strength down to the normal purity level. Adolescent youth coming in to treatment in the Lubbock area from El Paso have been snorting heroin. Heroin users are also using more cocaine, but not as a speedball (where the two substances are injected together), since a speedball decreases the heroin “high.”

Addicts in Dallas report heroin is being sold in capsules or pills, and it is of good quality. “Boys and Girls” are red capsules of Black Tar heroin and blue capsules of powder cocaine. Youth in the Plano area are shebanging or using “Monkey Water,” which is heroin dissolved in water and sprayed into the nose.

The 1996 Texas Border Survey, an in-person survey of adults, found that lifetime use of heroin was 2 percent with 0.3 percent

Figure 6. Price of an Ounce of Heroin in Texas as Reported by the DEA: 1987-1998

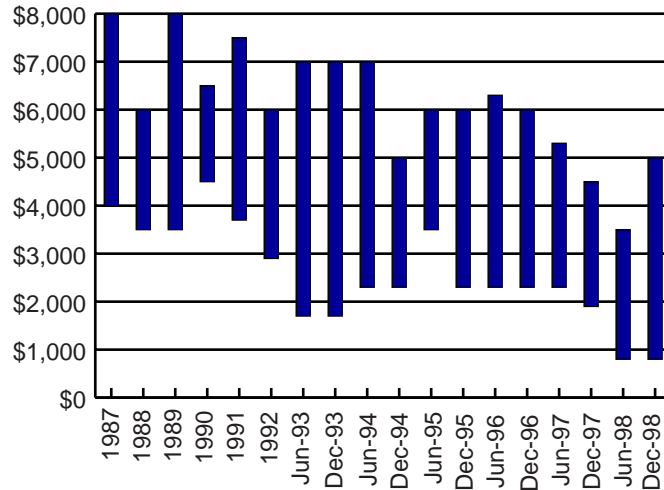
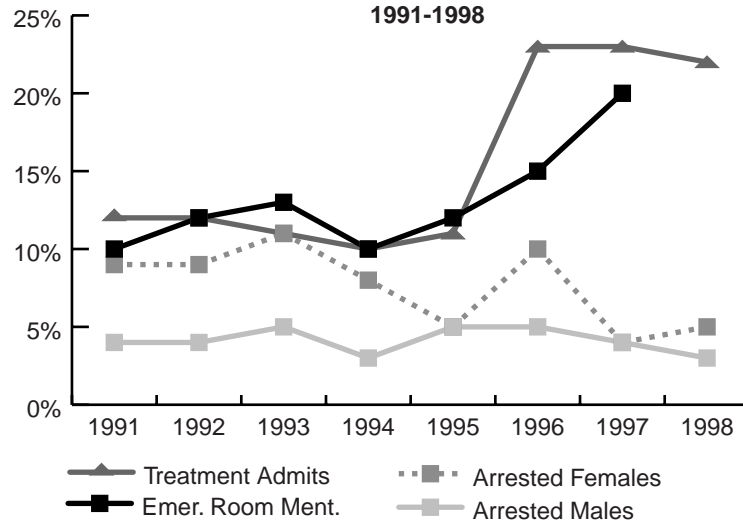


Figure 7. Dallas Heroin Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1998



past-year use. Use was highest in El Paso, with lifetime use of 3.8 percent and past-year use of 0.7 percent; it was 0.6 lifetime use in Laredo with 0 percent past-year use. Lifetime and past-year use in Brownsville was 0 percent.

In 1998, the Texas Secondary School Survey queried for heroin use and found lifetime use was 2.4 percent and past-month use was 0.7 percent. The last time there were questions about heroin use on the survey was in 1988, and that

survey found lifetime use was 1.4 percent with past-month use less than 0.5 percent. The 1998 survey showed little differentiation by geographic area: no county reported more than 4.5 percent lifetime use.

Analysis of the use of other drugs by this small group of students who reported lifetime use of heroin showed a pattern of heavy use of other substances. Of these students, 76 percent smoked marijuana, 51 percent used co-

caine, and between 33 to 39 percent had used hallucinogens, uppers, downers, crack, Rohypnol, or Ecstasy in the past month.

As Figure 7 shows, indicators of heroin abuse in Dallas are

mixed. Emergency room mentions of heroin and treatment admissions of heroin addicts in Dallas are increasing, while the proportion of arrestees testing positive for heroin are level or decreasing.

Other Opiates

This group excludes heroin but includes opiates such as methadone, codeine, hydromorphone (Dilaudid), morphine, meperidine (Demerol), and opium. While abuse of these drugs is not as common as heroin abuse, the addicts who prefer other opiates are quite different from heroin addicts.

Almost 2 percent of all adults who entered publicly-funded treatment during 1997 used opiates other than heroin.

ADAM/DUF statistics show that the percentage testing positive for methadone is very low, as Table 7 shows.

According to DEA reports, hydrocodone (Vicodin) is the drug of choice, accounting for 80 percent of the diversion cases. Abuse of dilaudid, fentanyl, Stadol nasal spray and other drugs remains at a consistently high level. Unlike earlier years when con-

Table 7. Arrestees Testing Positive for Methadone: 1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	0%	0%	0%	0%	0%	0%	0%	1%
Houston Males	1%	0%	1%	0%	2%	6%	7%	1%
San Antonio Males	2%	2%	1%	1%	1%	1%	1%	2%
Dallas Females	1%	1%	0%	0%	0%	1%	1%	1%
Houston Females	2%	0%	1%	1%	0%	1%	2%	0%
San Antonio Females	5%	3%	2%	0%	1%	2%	2%	0%

trolled substances were diverted by indiscriminate prescribing, pharmacy theft, forged prescriptions, doctor shoppers, and impaired health care professionals, most of these drugs can now be obtained in Mexico and transported into the US.

In Houston, the use of codeine cough syrup continues to increase in popularity, particularly in the African American community. Adults who use codeine cough syrup are poly-drug users, while youth prefer cough syrup to any other drug. Cough syrup containing promethazine and codeine is

being sold by the cup at \$6-\$20. It is being stolen from pharmacies or diverted from hospitals. This cough syrup is consumed directly from the bottle; in Styrofoam cups; mixed with 7-Up, Big Red, or other soft drinks; or in cocktails. Addicts are also taking Nyquil, a liquid cold remedy containing a high concentration of alcohol, and Dramamine tablets, an over-the-counter drug used for motion sickness. The Nyquil provides the alcohol high, and the Dramamine prevents nausea and vomiting from consuming more than the recommended dose of Nyquil.

Marijuana

DAWN reports the number of mentions of different drugs seen in the emergency rooms in the Dallas area (Table 8), and mentions of marijuana increased significantly in the first half of 1997, with the greatest increases among patients

in the 18-25 age group.

Marijuana was the primary problem for 9 percent of adult admissions to publicly-funded treatment programs in 1998 (Appendices 1 and 2). The average age of marijuana clients continues

to increase: in 1985, the average age was 24; in 1998, it is 27.

The proportion of adolescents being admitted for a primary problem with marijuana continues to increase. It now comprises 72 percent of adolescent admissions to

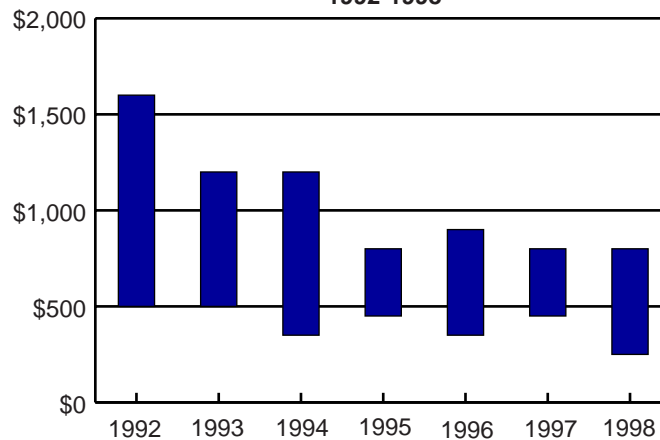
Table 8. Dallas DAWN Emergency Room Mentions of Marijuana Per 100,000 Population by Age and Gender: Second Half 1991-First Half 1997

	Jul- Dec 1991	Jan- Jun 1992	Jul- Dec 1992	Jan- Jun 1993	Jul- Dec 1993	Jan- Jun 1994	Jul- Dec 1994	Jan- Jun 1995	Jul- Dec 1995	Jan- Jun 1996	Jul- Dec 1996	Jan- Jun 1997
All	4.8	7.7	7.0	8.3	7.4	10.4	10.0	10.5	13.0	12.3	10.9	17.1
Age 6-34	8.2	12.0	11.6	13.1	11.8	16.6	15.9	17.1	20.9	17.8	17.7	25.8
Age 12-17	4.8	14.2	10.8	18.1	16.9	16.6	23.1	16.7	28.8	26.0	30.6	31.9
Age 18-25	17.5	19.7	20.5	22.3	23.5	26.8	28.3	37.4	33.4	29.4	29.1	51.9
Age 26-34	7.9	12.2	12.3	12.0	7.9	18.9	13.0	13.6	19.8	16.0	13.8	20.0
Age 35+	..	2.7	1.8	2.7	2.6	3.3	3.6	3.4	4.2	6.5	3.8	7.7
Male	6.4	9.7	10.3	10.2	9.9	12.5	12.4	14.9	18.3	17.0	16.6	22.4
Female	3.3	5.8	4.0	6.0	5.0	7.9	7.8	6.4	7.6	7.9	5.5	11.7

Table 9. Arrestees Testing Positive for Marijuana: 1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	19%	28%	27%	33%	39%	43%	44%	45%
Houston Males	17%	24%	24%	23%	30%	28%	23%	34%
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	42%
San Antonio Male Juv.	-	-	24%	35%	42%	45%	53%	45%
Dallas Females	11%	24%	20%	23%	23%	26%	27%	26%
Houston Females	8%	12%	15%	13%	20%	24%	17%	16%
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	17%
San Antonio Female Juv.	-	-	10%	4%	12%	18%	17%	24%

Figure 8. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by the DEA: 1992-1998



publicly-funded treatment in 1998 (Appendix 3), as compared to 35 percent in 1987. Forty-five percent of these adolescents were Hispanic, 32 percent were Anglo, and 23 percent were African American (in 1987, 7 percent were African American).

In the ADAM/DUF data shown in Table 9, the percentage of arrestees testing positive for

marijuana continues to increase for most categories of arrestees.

The availability of marijuana remains high, with multi-pound to multi-ton seizures commonplace. Marijuana prices continue to drop, although they fluctuate depending on quality, quantity, demand, and availability (Figure 8). In the southern half of the state, DEA reports a pound costs \$250-\$800;

in the northern area of the state, marijuana costs \$450-\$800 per pound. Ounce quantities of marijuana cost \$60-\$100.

The 1998 Texas Secondary School Survey found that marijuana remained the most commonly used illegal drug among youth; by 1998, more than half of all illegal drug users had limited their drug use to marijuana only.

The 1998 survey found a continuous rise in lifetime use of marijuana among all secondary students since 1992, but past-month use among younger students decreased in 1998 following a six-year increase. Some 35 percent of all secondary students in 1998 reported ever having smoked marijuana, up from 31 percent in 1996 and 20 percent in 1992. However, the proportion of eighth graders who reported smoking marijuana in the past month increased from 4 percent in 1992 to 14 percent in 1996 and then dropped to 12 percent in 1998. Similar patterns were seen for seventh and ninth graders.

Figure 9 plots the trends in lifetime use of marijuana as reported in the 1998 Texas Secondary School Survey, adolescent admissions to publicly-funded treatment for primary problem of marijuana, and the proportion of adolescent drug arrests for marijuana. As this figure shows, all the indicators have risen since 1992, although the increase has been less steep in the recent past.

In 1998, the survey for the first time queried secondary school students as to how they smoked marijuana (Figure 10). For African American students, blunts, hollowed-out cigars filled with marijuana, were the favorite method for smoking marijuana, while for Anglos and Hispanics, joints or marijuana cigarettes were the most popular.

Figure 9. Adolescent Indicators of Marijuana Use Including Lifetime Use of Marijuana, Publicly-Funded Marijuana Treatment Admissions, and Marijuana Drug Arrests: 1987-1998

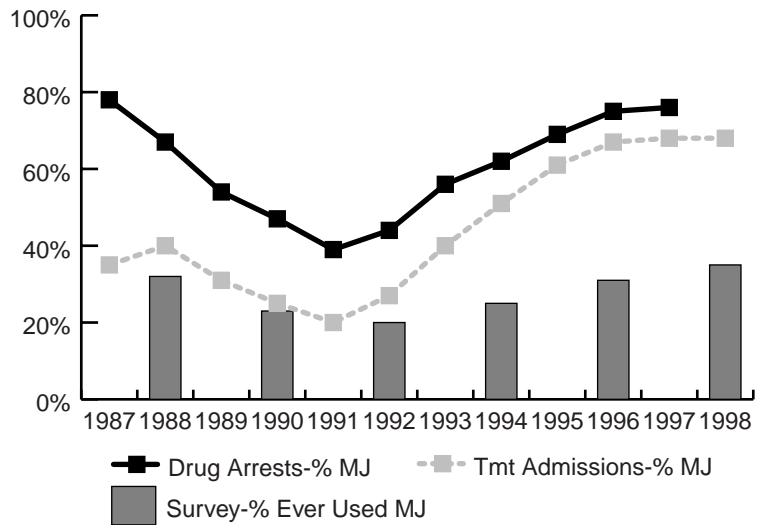
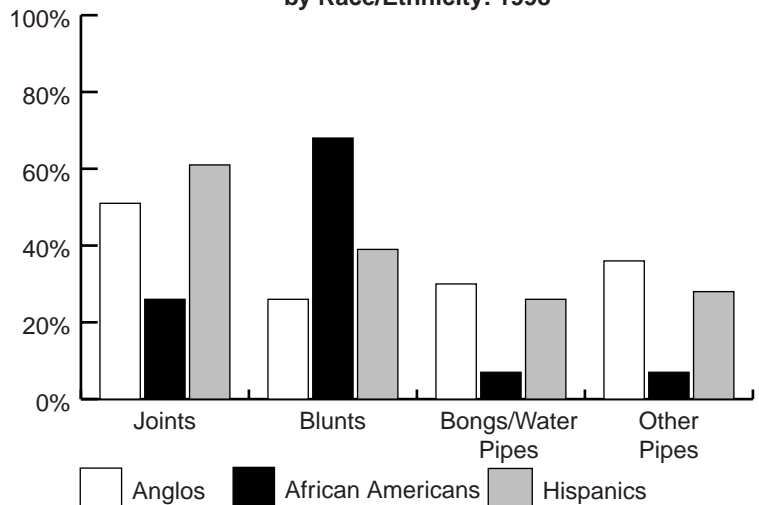


Figure 10. Percentage of Past-Month Youthful Marijuana Users Who Always/Most of the Time Used Marijuana in Various Ways, by Race/Ethnicity: 1998

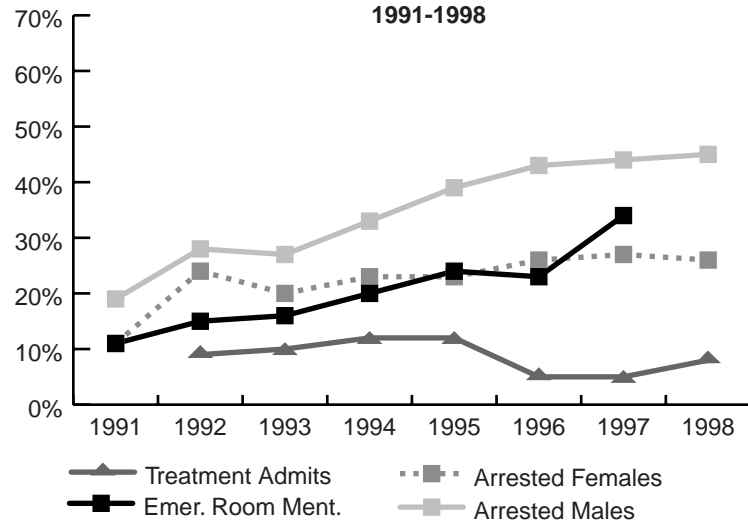


The 1996 Texas Border Survey, an in-person survey of adults, found lifetime prevalence of marijuana use was 27 percent and past-year prevalence was 6 percent. Use varied among the cities. In El Paso, lifetime and past-year use

were 38 percent and 6 percent, respectively, while in Laredo it was 14 percent and 3 percent, and in Brownsville, it was 18 percent and 3 percent.

Figure 11 shows that arrest and emergency room statistics for Dallas reflect increasing involvement with marijuana, while the treatment statistics show a much lower proportion of adults who used marijuana in publicly-funded treatment as compared to emergency room and arrest data.

Figure 11. Dallas Marijuana Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1998



Stimulants

Overall, the rate of mentions of methamphetamines and/or amphetamines (speed) in the Dallas emergency rooms has been a mixed picture over time, with no discernable patterns other than the increase in mentions among persons ages 18-25 in the first half of 1997, as Table 10 shows. However, the rate per 100,000 is not that much higher than the rate in the second half of 1995.

Methamphetamines and amphetamines comprise 5 percent

of adult admissions to publicly-funded treatment in the first nine months of 1998 (Appendices 1 and 2). The average client admitted for a primary problem with stimulants is aging. In 1985, the average age was 26; in 1998, it is 30. The proportion of Anglo clients has risen from 80 percent in 1985 to 93 percent in 1998, while the percent Hispanic has dropped from 11 percent to 4 percent and the percent African American has dropped from 9 percent to 1 percent. Unlike

the other drug categories, slightly over half of the methamphetamine clients entering treatment are female. The characteristics of the clients by route of administration is shown in Table 11.

The proportion of arrestees testing positive for amphetamines in ADAM/DUF has been low, but in 1997-1998, the percentages in Dallas and San Antonio cities increased, as Table 12 shows.

The Drug Enforcement Administration reports methamphetamine

Table 10. Dallas DAWN Emergency Room Mentions of Amphetamine/Methamphetamine Per 100,000 Population by Age and Gender: Second Half 1991-First Half 1997

	Jul- Dec 1991	Jan- Jun 1992	Jul- Dec 1992	Jan- Jun 1993	Jul- Dec 1993	Jan- Jun 1994	Jul- Dec 1994	Jan- Jun 1995	Jul- Dec 1995	Jan- Jun 1996	Jul- Dec 1996	Jan- Jun 1997
All	1.7	1.6	1.4	2.1	..	2.7	3.9	5.3	3.3	2.2	2.6	3.1
Age 6-34	2.0	2.4	2.3	3.6	..	4.1	6.4	8.8	5.1	2.8	3.8	5.0
Age 12-17	..	..	..	..	..	..	4.9	..	..	..	..	..
Age 18-25	3.7	3.4	5.5	7.6	..	5.1	9.6	19.9	11.7	5.9	4.5	12.8
Age 26-34	3.0	3.1	2.3	4.3	2.7	7.2	8.5	9.3	6.1	2.6	6.4	4.5
Age 35+	1.1	..	..	..	..	1.0	1.2	1.4	1.4	1.6	1.4	1.0
Male	2.2	2.1	1.7	2.9	1.1	3.1	4.1	5.7	3.3	3.4	3.0	3.2
Female	1.1	0.8	..	1.5	..	2.2	3.7	4.9	3.4	1.1	2.2	2.9

is the drug which is most produced within the Houston Field Division, with demand and availability on the rise. Producers are small, individual operators, rather than the larger more organized groups of the past. And while most of the methamphetamine in the southern area of the state is produced within the state using pseudoephedrine obtained from pharmacies and iodine and red phosphorus from chemical companies and feed stores, large quantities of methamphetamine and amphetamine have been seized coming into the US from Mexico in the Laredo area. Interestingly, the northern half of the state is being supplied by imported methamphetamine coming from California and Mexico.

According to DEA reports, the pound price range for methamphetamine has dropped from \$15,000-\$18,000 in January 1994 to \$6,000-\$14,000 in the current reporting period. Ounce quantities of methamphetamine retail for \$500-\$2,000; a gram costs \$25-\$125.

In Austin, speed is called "crank" and is very popular in the toless bar scene.

In Houston, crystal meth is being given away as samples to gain new users. Dealers are giving away small \$10 bags in the dance clubs. In addition, finely ground glass is being mixed with meth. When inhaled, it scratches up the nasal linings so the meth is absorbed more quickly. Use of ground glass is being reported by treatment programs who are seeing new clients with sinus troubles and profuse nose bleeds.

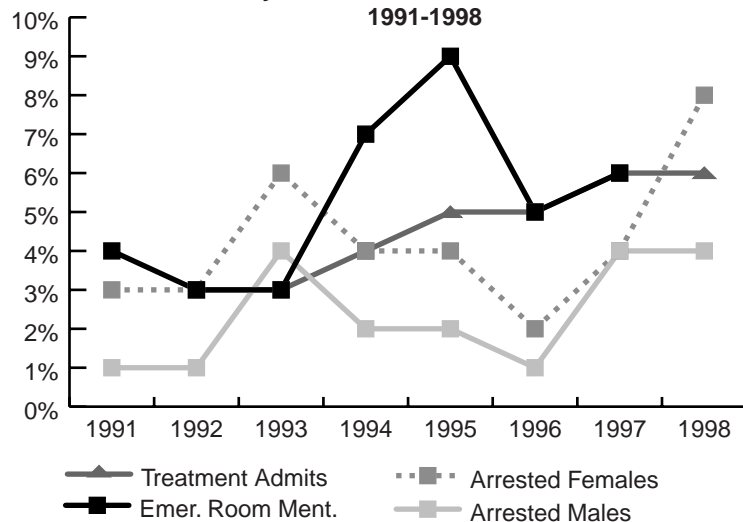
Table 11. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Amphetamines or Methamphetamines by Route of Administration: Jan.-Sept. 1998

	Smoke	Inject	Inhale	Oral
No. of Admissions	152	728	192	94
% of Stimulant Admits	13%	62%	16%	8%
Average Age	28	31	22	33
Lag-1st Use to Tmt.-Yrs	8	12	7	11
% Male	54%	49%	44%	46%
% African American	3%	1%	2%	3%
% Anglo	88%	94%	93%	94%
% Hispanic	9%	3%	4%	1%
% CJ/Legal Involved	49%	48%	54%	51%
% Employed	26%	21%	27%	28%
% Homeless	7%	7%	4%	3%
Average Income	\$6,953	\$6,744	\$8,057	\$8,446

Table 12. Arrestees Testing Positive for Amphetamines: 1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	1%	1%	4%	2%	2%	1%	4%	4%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%
San Antonio Males	1%	0%	0%	0%	1%	1%	2%	4%
San Antonio Male Juv.	-	-	0%	0%	0%	0%	0%	1%
Dallas Females	3%	3%	6%	4%	4%	2%	4%	8%
Houston Females	0%	0%	1%	0%	1%	1%	2%	0%
San Antonio Females	2%	1%	2%	0%	3%	2%	4%	6%
San Antonio Female Juv.	-	-	1%	0%	0%	0%	0%	2%

Figure 12. Dallas Amphetamine Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1998



The 1998 Texas Secondary School Survey found both lifetime and past-month use of uppers has increased since 1990, when it was 7.2 percent and 2.1 percent, respectively. In 1998, lifetime use was 8.2 percent and past-month use

was 3.1 percent.

As Figure 12 shows, the indicators for methamphetamines and amphetamines in Dallas are mixed, although they have risen from 1996 to 1997.

Depressants

This “downer” category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital (Seconal); tranquilizers and benzodiazepines, such as diazepam, flunitrazepam (Rohypnol), clonazepam (Klonopin or Rivotril), flurazepam, and chlordiazepoxide; and nonbarbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, chloral hydrate, and gammahydroxybutyrate (GHB).

One percent of the adults entering publicly-funded treatment during the first nine months of 1998 had a primary problem with barbiturates, sedatives, or tranquilizers (Appendix 2). This group was very different from most other drug abusers, as they were most likely Anglo and female.

Benzodiazepines were the depressant drugs most often identified by ADAM/DUF (Table 13). They remain a problem, with positive findings ranging from 2 to 18 percent. For barbiturates, positives ranged from 0 to 1 percent.

Rohypnol continues to be smuggled into the US, and other benzodiazepines, such as diazepam, alprazolam and clonazepam, are recommended by Mexican vendors for legal importation. The first choice is clonazepam (Rivotril). It is now being used by juveniles in combination with beer just as Rohypnol has been used. Other drugs which are legally being brought into the US on legal prescriptions by anyone age 18 or

older include methylphenidate (Ritalin), fenfluramine, phentermine, Halcion, and Tylox.

Between January and October, 1998, 107 youth were admitted to publicly-funded treatment with a primary, secondary, or tertiary problem with Rohypnol. Eighty-four percent of the youth were Hispanic and 13 percent were Anglo; 78 percent were male and the average age was 15.3 years. Forty-one percent were affiliated with gangs. Other drugs of abuse included marijuana, powder cocaine, and alcohol.

In addition, 62 adults were admitted into publicly-funded treatment during this period with a primary, secondary, or tertiary problem with Rohypnol. Of the adult clients, 71 percent were Hispanic and 24 percent were Anglo; 68 percent were male and the average age was 22.5, which is much younger than most adult

clients entering treatment (overall average age is 34 years). Heroin, alcohol, marijuana, powder cocaine, and crack were other drugs most likely to be abused by these adults.

The 1998 Texas Secondary School Survey found that 6.7 percent of students reported ever having taken Rohypnol, and 2.6 percent had taken it within the past month. Usage was highest among Hispanic students, with 10.4 percent lifetime and 4.4 percent past-month use. This finding reflects the fact that Rohypnol use began among adolescents on the Texas border and spread northward.

Texas secondary school students also reported a 6.6 percent lifetime and 2.6 percent past month use of downers.

The Houston DEA field division reports that Rohypnol sells for \$1.50-\$10 per pill and varying

Table 13. Arrestees Testing Positive for Depressants: 1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Barbiturates								
Dallas Males	0%	0%	0%	0%	0%	0%	0%	0%
Houston Males	1%	0%	2%	0%	0%	1%	0%	1%
San Antonio Males	1%	1%	0%	0%	0%	0%	0%	0%
San Antonio Male Juv.	-	-	0%	0%	0%	0%	0%	1%
Dallas Females	1%	1%	2%	1%	1%	0%	0%	1%
Houston Females	2%	1%	1%	1%	0%	1%	0%	0%
San Antonio Females	3%	1%	1%	1%	0%	0%	0%	1%
San Antonio Female Juv.	-	-	1%	1%	0%	0%	0%	0%
Benzodiazepines								
Dallas Males	2%	3%	3%	3%	2%	3%	3%	3%
Houston Males	4%	10%	6%	4%	6%	10%	18%	9%
San Antonio Males	4%	5%	5%	4%	3%	4%	5%	4%
San Antonio Male Juv.	-	-	2%	1%	2%	2%	4%	1%
Dallas Females	6%	6%	9%	7%	4%	7%	7%	4%
Houston Females	8%	9%	9%	5%	7%	5%	7%	6%
San Antonio Females	11%	6%	8%	6%	4%	9%	6%	7%
San Antonio Female Juv.	-	-	1%	1%	1%	5%	0%	3%

amounts of Rohypnol, Valium, and steroids have been found together in seizures. GHB is reported as being manufactured in the Austin and Dallas areas, and abuse of GHB is now reported in the Tyler area.

During the first half of 1998, there were 71 calls related to GHB to the Texas Poison Center Network, and 53 concerned persons who had taken the drug. Of these individuals, 64 percent were male; 36 percent were teenagers and 40 percent were in their twenties; and 79 percent reported intentional misuse or abuse of the substance. Of the individuals, 92 percent were either at or en route to a health care facility when the call was made, and 38 percent were treated and released, while another 38 percent were evaluated and admitted to the health care facility. Some 74

percent of the cases were followed to outcome, and of these who were followed up, 23 percent had minor effects which resolved rapidly, 25 percent had more pronounced or prolonged, but not life-threatening effects, and 49 percent had major problems which included life-threatening symptoms or significant residual disability.

A new and legal alternative to GHB is now being marketed. It is called "RenewTrient" or "ReVivarin," and it is advertised as a human growth hormone. It is available in natural foods stores and over the Internet. It contains gammabutyrolactone, a precursor to gammahydroxybutyric acid, and produces central nervous system depression. The label on RenewTrient states:

Higher doses will result in proportionally longer periods of deep sleep and sweating. Muscle spasms, vomiting, bedwetting, and diarrhea are typical reactions. Unless drugs or alcohol have been taken with RenewTrient, the only treatment necessary is to SLEEP IT OFF! A call for help may result in uninformed emergency medical personnel using expensive, unnecessary and potentially dangerous methods of arousal.

Deaths and serious medical problems have occurred when there have been delays in seeking medical attention for such reactions.

In Lubbock, "T's and Blues" remain popular among lower socio-economic addicts. They sell for \$8 to \$10 per set.

Hallucinogens

Among adolescent admissions to publicly-funded treatment programs, hallucinogens accounted for 1 percent of the admissions in the first nine months of 1998 (Appendix 3), while only 0.3 percent of adult admissions were for hallucinogens (Appendix 2).

Phencyclidine (PCP) use among ADAM/DUF arrestees was most likely to be reported among Houston male arrestees (Table 14). While the percentages are low, this

Table 14. Arrestees Testing Positive for PCP: 1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	0%	3%	3%	5%	8%	4%	3%	5%
Houston Males	0%	0%	1%	3%	4%	3%	3%	6%
San Antonio Males	0%	0%	0%	0%	0%	0%	0%	0%
Dallas Females	0%	0%	1%	2%	2%	1%	1%	0%
Houston Females	0%	0%	0%	1%	2%	1%	1%	1%
San Antonio Females	0%	0%	0%	0%	0%	0%	0%	0%

may be a reflection of the use of marijuana cigarettes dipped in embalming fluid containing PCP in the Houston area (Elwood, 1998).

According to the DEA, LSD

sells for \$4-\$10 in North Texas and \$5-\$8 in the South Texas DEA Region. Ecstasy sells for \$20-\$25 throughout the state.

Inhalants

Analysis of overdose death certificates from 1990 to 1997 showed that 94 persons died of inhalant use during this time period (Figure 13). Of these, 93 percent were male, 89 percent were Anglo, 10 percent were Hispanic, and the average age was 27 years. Where specific inhalant substances were reported, data showed that 40 percent of the decedents had died from use of freon, while 15 percent died from use of toluene. Twenty-nine percent of the decedents were students. Persons dying from use of freon were most likely to be air conditioning mechanics and persons with occupations that had access to and used freon on the job.

Comparison of the characteristics of persons who died from freon and toluene showed that freon abusers were an average of 27 years old, 97 percent male, and 92 percent Anglo. Toluene abusers were an average of 32 years old, 79 percent male, and 64 percent Anglo. See Figure 14.

Inhalant abusers comprised 3 percent of the admissions to publicly-funded adolescent treatment programs in 1997 (Appendix 3) and 0.2 percent of adult admissions to publicly-funded treatment programs.

The 1998 Texas Secondary School Survey found that use of inhalants remained problematic, particularly for students in the seventh and eighth grades and for those who experienced academic,

Figure 13. Number of Inhalant-Related Overdose Deaths in Texas by Type of Inhalant: 1990-1997

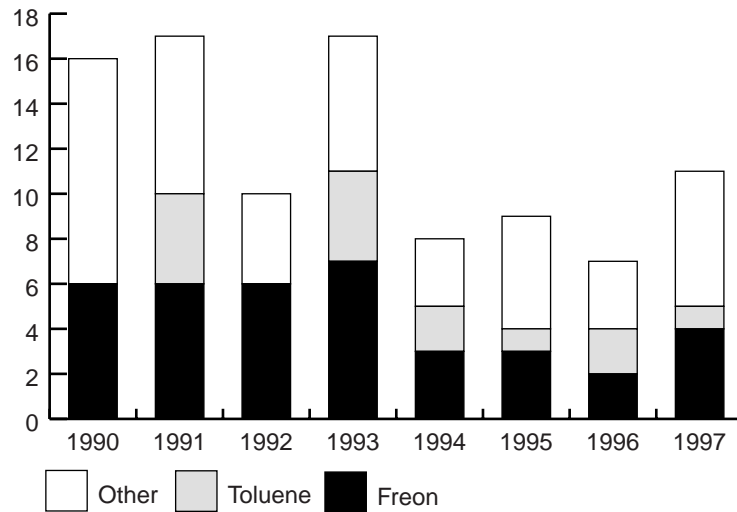
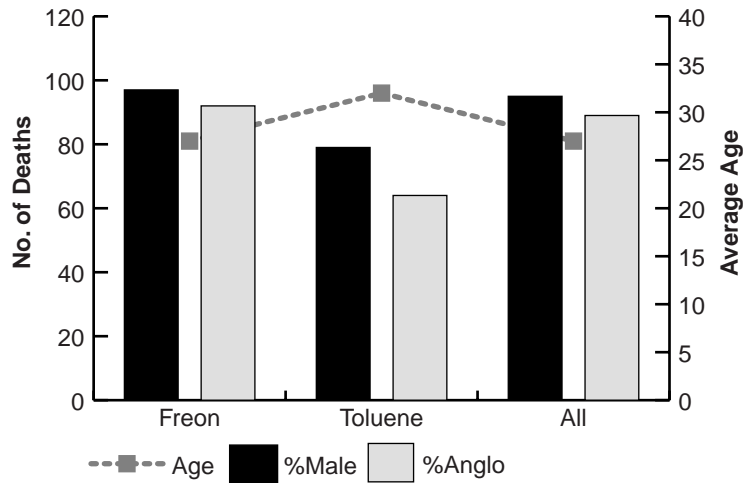


Figure 14. Number of and Average Age of Persons Dying from an Inhalant Overdose in Texas by Gender and Ethnicity: 1997



attendance, and disciplinary problems at school. Sharp increases were reported for all grades over the past two years, with lifetime use increasing from 20 percent to 22 percent and past-month use increasing from 5 percent to 8 percent. More than 60 percent of lifetime inhalant users

admitted using two or more types of inhalants. Correction fluid was the most commonly used inhalant, followed by liquid or spray paint and nitrous oxide.

Acquired Immunodeficiency Syndrome (AIDS) Among Drug Users

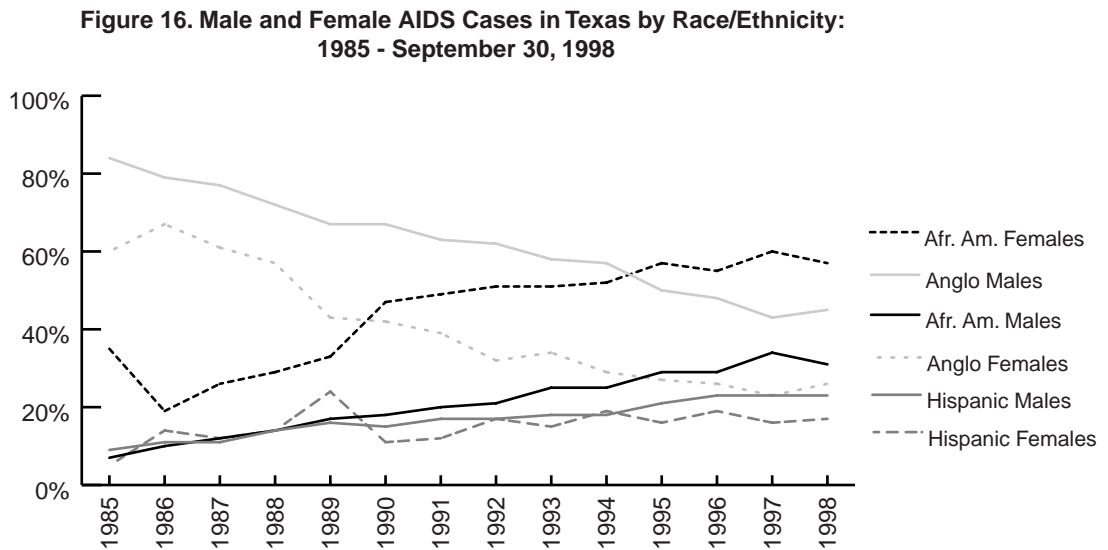
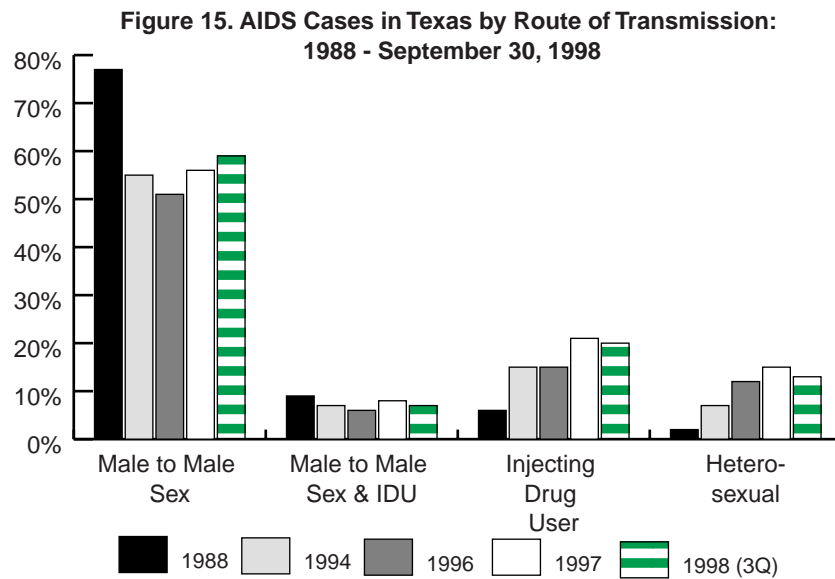
As of September 30, 1998, the proportion of adult and adolescent AIDS cases related to injecting drug use has risen from 15 percent in 1988 to 23 percent in 1998, as Figure 15 shows. Of these, in 1988, 6 percent of the cases were injecting drug users (IDUs), and 9 percent were male-to-male sex and IDUs; in 1998, 20 percent of the cases were IDUs, and 7 percent were male-to-male sex and IDUs.

The proportion of cases resulting from heterosexual contact has risen from 2 percent in 1988 to 13 percent in 1998. It should be noted that for 1998, the mode of exposure of 18 percent of the cases was still classified as “unspecified.”

In 1988, 3 percent of the AIDS cases were females over age 12; for 1998, 15 percent were female. In 1988, 15 percent of the adult and adolescent cases were African

Americans; in 1998, 35 percent were African American. Of the female cases, 57 percent were African American, and of the male cases, 31 percent were African American, as Figure 16 shows.

The same trend in the increasing number of AIDS cases who are African American women is also seen in the survey of childbearing women who have tested positive for HIV, as the study from the



Texas Department of Health shows (Figure 17).

The proportion of adult needle users entering publicly-funded treatment programs has decreased from 32 percent in 1988 to 24 percent for the first nine months of 1998 (Table 15). Heroin injectors are most likely to be older, and over half are persons of color, while injectors of stimulants and cocaine are far more likely to be Anglo. In comparison to needle users admitted to treatment in 1997, it is important to note that the characteristics of the users are very similar, and the proportion of heroin, stimulant, and cocaine clients who used needles was identical for the two years.

Figure 17. Number of Childbearing Women Tested Who Had a Positive HIV Seroprevalence per 1,000 Tested, by Race/Ethnicity: 1988-1997

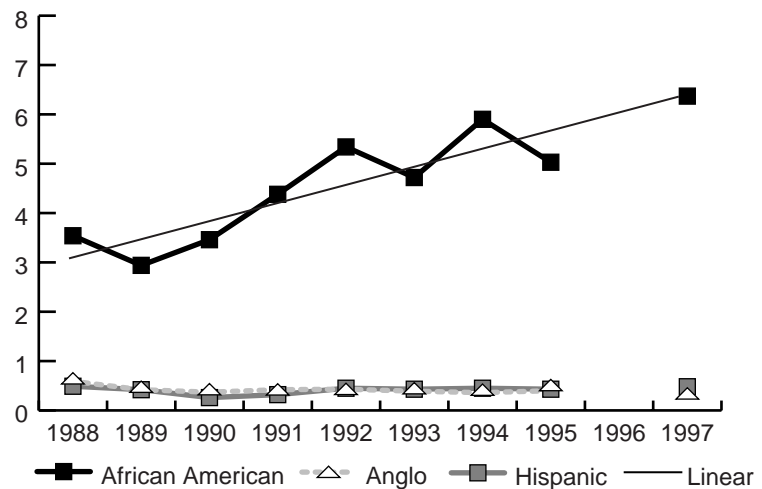
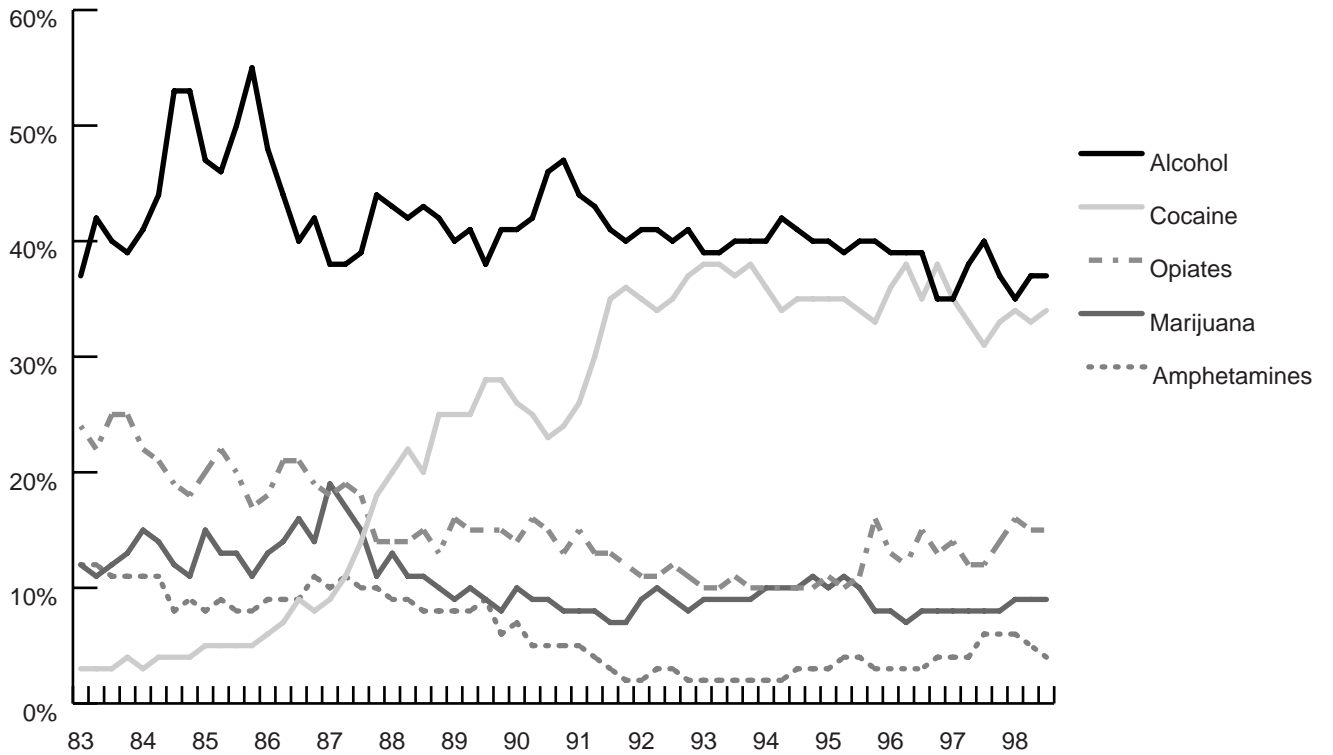


Table 15. Characteristics of Needle Using Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin, Stimulants, or Cocaine by Route of Administration: Jan.-Sept. 1998

	Heroin	Stimulants	Cocaine
No. of Admissions	2,826	728	950
Average Age	36	31	32
% Male	65	49%	64%
% African American	10%	1%	5%
% Anglo	46%	94%	72%
% Hispanic	43%	3%	23%
% CJ/Legal Involved	36%	48%	42%
% Employed	18%	21%	20%
% Homeless	9%	7%	11%
Average Income	\$6,014	\$6,744	\$8,500

Appendices

Appendix 1. Percent of Adult Admissions to Publicly-Funded Treatment Programs by Primary Drug of Abuse: January 1983 - September 1998



**Appendix 2. Characteristics of Adult Clients at Admission to TCADA-Funded Treatment Programs:
Jan. 1 through Sept. 30, 1998**

Primary Drug	Total Admissions	Percent of all Admissions	Average Age	Average Age at 1st Use	Average Lag from 1st Use to Admission	Percent Married	Percent Male	Percent Using Needles
All Drugs	23,645	100.0%	34.0	20.6	14	20.2%	62.9%	24.4%
Heroin	3,125	13.2%	35.4	22.7	13	20.3%	64.6%	90.8%
Alcohol	8,480	35.9%	36.7	16.5	21	22.7%	71.3%	7.4%
Amphetamines	1,179	5.0%	29.9	20.1	10	17.5%	48.6%	62.8%
Cocaine	2,157	9.1%	30.5	21.9	9	23.1%	65.6%	45.4%
Marijuana/Hash	2,166	9.2%	27.3	15.6	12	19.5%	67.3%	6.2%
Inhalants	39	0.2%	29.4	18.8	11	25.6%	64.1%	5.1%
Ecstasy	2	0.0%	20.0	17.5	3	0.0%	100.0%	50.0%
Crack	5,794	24.5%	33.9	26.2	8	16.1%	53.0%	5.6%
Hallucinogens	69	0.3%	26.1	17.8	8	17.4%	72.5%	11.6%
Depressants	188	0.8%	35.6	27.8	9	20.2%	25.5%	17.6%
Other Opiates	395	1.7%	35.6	27.9	8	24.6%	38.5%	18.2%
Other Drugs	51	0.2%	31.3	23.6	8	23.9%	52.2%	10.9%

Primary Drug	Percent African American	Percent Anglo	Percent Hispanic	Percent Employed	% Involved w/ Criminal Justice	Average Education	Percent Homeless	Average Income at Admission
All Drugs	24.0%	52.3%	22.2%	26.6%	46.5%	11.4	8.9%	\$7,249
Heroin	11.9%	45.1%	41.4%	18.2%	36.4%	11.2	9.0%	\$6,054
Alcohol	14.6%	59.1%	24.4%	32.4%	50.2%	11.5	9.7%	\$8,066
Amphetamines	1.3%	93.2%	3.8%	23.1%	49.1%	11.3	6.3%	\$7,130
Cocaine	7.9%	55.4%	35.7%	29.1%	45.2%	11.5	6.5%	\$8,588
Marijuana/Hash	28.3%	50.3%	20.5%	40.3%	71.4%	11.2	3.0%	\$7,156
Inhalants	0.0%	33.3%	38.5%	17.9%	53.8%	9.1	7.7%	\$4,345
Ecstasy	0.0%	100.0%	0.0%	50.0%	100.0%	12.0	0.0%	\$7,500
Crack	55.1%	34.6%	9.5%	18.2%	38.5%	11.6	11.9%	\$6,292
Hallucinogens	44.9%	43.5%	10.1%	31.9%	53.6%	10.4	1.4%	\$3,393
Depressants	3.7%	89.9%	5.9%	17.6%	29.8%	11.4	5.3%	\$7,015
Other Opiates	6.6%	83.8%	8.1%	18.0%	31.1%	12.1	5.1%	\$7,886
Other Drugs	15.2%	54.3%	28.3%	23.9%	43.5%	12.8	2.2%	\$6,441

**Appendix 3. Characteristics of Youth Clients at Admission to TCADA-Funded Treatment Programs:
Jan. 1 through Sept. 30, 1998**

Primary Drug	Total Admissions	Percent of all Admissions	Average Age	Average Age at 1st Use	Average Lag from 1st Use to Admission	Percent First Admissions	Using Needles
All Drugs	3,122	100.0%	15.5	12.8	3	68.5%	3.0%
Heroin	61	2.0%	16.1	14.5	2	50.8%	59.0%
Alcohol	345	11.1%	15.7	13.0	3	71.3%	0.0%
Amphetamines	45	1.4%	16.0	14.0	3	48.9%	22.2%
Cocaine	224	7.2%	15.7	14.1	2	61.6%	8.0%
Marijuana/Hash	2,231	71.5%	15.4	12.5	4	70.8%	1.1%
Inhalants	89	2.9%	14.9	12.7	3	49.4%	1.1%
Ecstasy	3	0.1%	14.7	12.3	3	33.3%	0.0%
Rohypnol	18	0.6%	15.1	13.7	2	83.3%	0.0%
Crack	51	1.6%	15.5	14.5	2	49.0%	2.0%
Hallucinogens	39	1.3%	15.3	12.6	3	69.2%	5.1%
Other Opiates	1	0.0%	17.0	15.0	3	100.0%	0.0%
Depressants	5	0.2%	15.3	10.8	2	40.0%	20.0%
Other Drugs	10	0.3%	15.4	13.2	3	50.0%	0.0%

Primary Drug	Percent Male	Percent African American	Percent Anglo	Percent Hispanic	Percent Involved w/ Criminal Justice	Average Education	Percent w/ a Parent who Abuses Substance(s)
All Drugs	76.8%	18.0%	33.1%	47.5%	80.3%	8.5	30.1%
Heroin	49.2%	4.9%	45.9%	47.5%	60.7%	9.2	32.8%
Alcohol	73.3%	8.4%	30.7%	57.7%	67.5%	8.6	30.4%
Amphetamines	64.4%	4.4%	80.0%	15.6%	80.0%	9.0	48.9%
Cocaine	58.9%	3.1%	43.3%	52.2%	77.2%	8.5	30.8%
Marijuana/Hash	80.7%	22.5%	31.9%	44.6%	83.0%	8.4	29.9%
Inhalants	74.2%	1.1%	15.7%	82.0%	85.4%	7.9	37.1%
Ecstasy	100.0%	0.0%	66.7%	33.3%	66.7%	8.3	0.0%
Rohypnol	72.2%	5.6%	0.0%	94.4%	83.3%	7.8	5.6%
Crack	58.8%	7.8%	43.1%	49.0%	70.6%	8.1	29.4%
Hallucinogens	76.9%	23.1%	35.9%	33.3%	92.3%	8.8	12.8%
Other Opiates	100.0%	0.0%	100.0%	0.0%	0.0%	10.0	0.0%
Depressants	60.0%	20.0%	20.0%	40.0%	60.0%	10.8	20.0%
Other Drugs	80.0%	30.0%	20.0%	50.0%	80.0%	-	20.0%